## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

09771501

<sup>1</sup>Application or Docket Number

| CLAIMS AS FILED - PART I    |  |   |                                |                               |                                       |                   |        | SMALL ENTITY        |                        |         | OTHER THAN          |                        |
|-----------------------------|--|---|--------------------------------|-------------------------------|---------------------------------------|-------------------|--------|---------------------|------------------------|---------|---------------------|------------------------|
|                             |  |   | (Column 1)                     |                               | (Column 2)                            |                   | ٦      | TYPE                |                        | OR      | SMALL               | ENTITY                 |
| TOTAL CLAIMS                |  |   | 11                             |                               |                                       |                   |        | RATE                | FEE                    |         | RATE                | FEE                    |
| FOR                         |  |   | NUMBER FILED                   |                               | NUMBER EXTRA                          |                   |        | BASIC FEE           | 355.00                 | OR      | BASIC FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS     |  |   | // minus 20=                   |                               | . 0                                   |                   |        | X\$ 9=              |                        | OR      | X\$18=              |                        |
| INDEPENDENT CLAIMS          |  |   | 2 minus 3 =                    |                               | * 0                                   |                   |        | X40=                |                        | OR      | X80=                |                        |
| MU                          | LTIPLE DEPEN   | DENT CLAIM PI                               | RESENT                         |                               |                                       |                   |        | +135=               |                        | OR      | +270=               |                        |
| * If                        | the difference   | in column 1 is                              | less than zero, enter "0" in c |                               |                                       | olumn 2           | L      | TOTAL               |                        | OR      | TOTAL               | _                      |
| CLAIMS AS AMENDED - PART II |  |   |                                |                               |                                       |                   |        |                     |                        |         | OTHER THAN          |                        |
|                             |  | (Column 1)                                  | (Columi                        |                               |                                       | (Column 3) SMALL  |        | SMALL               | ENTITY                 | OR      | SMALL               | ENTITY                 |
| AMENDMENT A                 |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   | # 414<br><b>6</b> 6.1          | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                          | PRESENT<br>EXTRA  |        | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|                             | Total  | *   | Minus                          | **                            |                                       | =                 |        | X\$ 9=              |                        | OR      | X\$18=              |                        |
|                             | Independent  | *   | Minus                          | ***                           | T CL AIAA                             | ]=                |        | X40=                |                        | OR      | X80=                |                        |
|                             | FIRST PRESE  | NTATION OF MU                               | JUIPLE DEF                     | ENDEN                         | CLAIN                                 |                   | ¹ [    | +135=               |                        | OR      | +270=               |                        |
|                             |  |   |                                |                               |                                       |                   |        | TOTAL<br>ADDIT. FEE |                        | OR      | TOTAL<br>ADDIT, FEE |                        |
|                             |  |   |                                |                               | •                                     |                   |        |                     |                        |         |                     |                        |
| AMENDMENT B                 |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                                | NUM<br>PREVI                  | HEST<br>IBER<br>OUSLY<br>FOR          | PRESENT<br>EXTRA  |        | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|                             | Total  | *   | Minus                          | **                            |                                       | =                 |        | X\$ 9=              |                        | OR      | X\$18=              |                        |
|                             | Independent  | *   | Minus                          | ***                           |                                       | =                 |        | X40=                |                        | OR      | X80=                |                        |
|                             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                                |                               |                                       |                   | ╛╏     | +135=               |                        | OR      | +270=               |                        |
|                             |  |   |                                |                               |                                       |                   |        | TOTAL               |                        | OR      | TOTAL               |                        |
| ADDIT. FEE ADDIT. FEE       |  |   |                                |                               |                                       |                   |        |                     |                        |         |                     |                        |
| AMENDMENT C                 |  | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |                                | HIGH<br>NUM<br>PREVI          | MN 2)<br>HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA  |        | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|                             | Total  | <u>*</u>                                    | Minus                          | **                            |                                       | =                 |        | X\$ 9=              |                        | OR      | X\$18=              | 7                      |
|                             | Independent  | *   | Minus                          | ***                           | T OL ANA                              | =                 | 11     | X40=                |                        | OR      | X80=                |                        |
| <u> </u>                    | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                                |                               |                                       |                   |        | +135=               |                        | OR      | +270=               |                        |
| •                           | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." |   |                                |                               |                                       |                   |        |                     |                        |         | TOTAL               |                        |
| **                          | If the "Highest Nu   | mber Previously P                           | aid For" IN THIS               | SSPACE                        | is less tha                           | ın 20, enter "20. | ·" A   | TOTAL<br>ADDIT. FEE |                        | OR      | ADDIT. FEE          |                        |
|                             | The "Highest Nun   | nber Previously Pa                          | id For" (Total or              | Independ                      | lent) is the                          | highest number    | er fou | nd in the app       | oropriate box          | x in co | lumn 1.             |                        |